

FOR INSTRUCTIONS SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
 CAMPAIGN DISCLOSURE BD.

2013 FEB-6 AM 10:11

Effective January 1, 2010 all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2010 all statements and reports filed by all committees for state office must be filed electronically.
 Effective May 1, 2010 all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

Campaign Board
 12th Ste 1A
 Des Moines, Iowa 50319
 Fax 515-281-4073

COMMITTEE NAME (Must be same as on Statement of Organization)
 Duane C McFadden for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for:
 1. Statewide/Legislative/Judge Standing for Retention Candidate
 2. State PAC
 3. State Party
 4. County Central Committee
 5. County Candidate
 6. City Candidate
 7. School Board or Other Political Subdivision Candidate
 8. County PAC
 9. City PAC
 10. School Board or Other Political Subdivision PAC
 11. Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Duane C. McFadden
 Office Sought: Cass County Supervisor
 Political Party (if applicable): Rep
 District (if Senate or House): _____

FORM DR-2 Rev 12/2009	DISCLOSURE REPORT
For Office Use Only	
Comm # <u>17634</u>	
Logged In: _____	
Scanned: _____	
Computer: _____	
Audited: _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.52A(7) and 68A.40(3), the candidate for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Duane C. McFadden
 SIGNATURE OF PERSON FILING REPORT

712-781-2287
 TELEPHONE

1-19-2013
 DATE SIGNED

I AM FILING A: 1-19-2013 REPORT FOR: 1. ELECTION 2. NON-ELECTION YEAR
 Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED: _____
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3
 (You must continue to file reports until a DR-3 is filed.)

Local Committees: enter Date of Election
 County & Local Committees: enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed) \$ 267.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (also see in-kind below) 417.00

Schedule F: Loans Received total (Attach Schedule F) 790.55

Schedule H: Total Sales of Campaign Property (Attach Schedule H)
 (Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1,207.55

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (also see debts and loans below) 617.04

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 857.51

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ _____

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year

Reset Form

QUESTIONS -- MONEY TAKE
(Including candidate's personal funds)

A

(Rev. 12/13)

MONETARY
RECEIPTS

Duane McFadden for Supervisor

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND-RAISER INCOME
4/9/2012	ID# CK#	Duane McFadden 57686 Eastland Dr Marne, IA 51552	Self	\$250.00	<input type="checkbox"/>
4/16/2012	ID# CK#	Duane McFadden 57686 Eastland Dr Marne, IA 51552	Self	165.33	<input type="checkbox"/>
4/17/2012	ID# CK#	Whitney Bank & Trust P.O Box 271 233 Chestnut Street	Self	1.67	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 417.00	

* Disclosure law requires candidate committees to disclose the amount of contributions received from each contributor.

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable" in the relationship column.

Page _____ of _____ familial relationship,
(for Schedule A)

FOR INSTRUCTIONS SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Duane C McFadden for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/10/2012	ID# CK#	Wells fargo Bank 600 Chestnut St Atlantic, IA 50022	Transfer to savings	\$ 25.00
2/10/2012	ID# CK#	Wells fargo Bank 600 Chestnut St Atlantic, IA 50022	Transfer to savings	25.00
3/12/2012	ID# CK#	Wells fargo Bank 600 Chestnut St Atlantic, IA 50022	Transfer to savings	25.00
4/10/2012	ID# CK#	Wells fargo Bank 600 Chestnut St Atlantic, IA 50022	Transfer to savings	25.00
4/17/2012	ID# CK#	Wells fargo Bank 600 Chestnut St Atlantic, IA 50022	To closed account	167.00
5/31/2012	ID# CK# 1001	KSOM 413 Chestnut St Atlantic, IA 50022	Radio Ad	70.00
5/31/2012	ID# CK# 1002	KJAN P.O. Box 389 Atlantic, IA 50022	Radio Ad	55.00
8/10/2012	ID# CK# 1003	Design 7	Signs	224.00
SUB-TOTAL				\$ 617.00
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(c).)

Page _____ of _____

(for Schedule B)

RESET**COMMITTEE NAME** (Must be same as on Statement of Organization)

Duane McFadden for Supervisor

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** _____**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
4/16/2012	Duane McFadden 12310 Ridgemont Drive Urbandale, IA 50323	Self	\$ 201.67
4/16/2012	Duane McFadden 12310 Ridgemont Drive Urbandale, IA 50323	Self	588.88

TOTAL (PART I) \$ 790.55**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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(for Schedule F)